# Form G5 - Regulation 5(2) Mental Health Act 1983

## Section 7 — Record of acceptance of guardianship application

(To be attached to the guardianship application)

[PRINT full name and address of patient]

This application was accepted by/on behalf\* of the local social services authority on [date].

<\*Delete the phrase that does not apply>

Signed on behalf of the responsible local social services authority

PRINT NAME

Date

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Mental Health

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